

Maine WIC Nutrition Program 11 State House Station Augusta, Maine 04333 207-287-3991 or 1-800-437-9300 TTY Users: Dial 711

## **Notification of Appeal Procedure**

Notification of Appear 1 locedure		
Date of Notice:	Local WIC Agency:	
Based on information ava eligible to receive WIC b	uilable to the WIC Program, (name) enefits.	is not
Reason(s) for the decision	n:	
WIC Representative:	Name	Title
request an administrativ fairly. You say your rea <b>How do I ask for an a</b> hearing by signing and Disease Control and Pr 0011. <u>The request must</u> Administrative Hearing location. <b>Who makes the decisi</b> program rules, the Hear Human Services. Both decision by mail approx	we hearing. In an administrative hearing, ye asons to an Administrative Hearing Officer <b>dministrative hearing?</b> You or your repre- returning this form to the Hearing Examin evention, 286 Water Street, 8th Floor, 11 S to be received within sixty (60) calendar day gs will schedule the hearing and send you a <b>on at an administrative hearing?</b> After li- ring Officer decides on behalf of the Comr- you and the Maine CDC WIC Nutrition Pr ximately thirty (30) days after the hearing is <b>not like the decision?</b> You can appeal the	er, Policy and Compliance, Maine Center for State House Station, Augusta, Maine 04333- <u>ys from the date of this notice</u> . The Office of a letter with the hearing's date, time, and istening to you and WIC staff and reviewing missioner of the Department of Health and cogram will be notified in writing of the
I do not agree with the d	ecision made by the WIC program, and I reque	est an administrative hearing.
Signature		Date signed
policies, this institution gender identity and sexu Program information ma alternative means of cor Language), should conta Center at (202) 720-260 To file a program discrit Discrimination Complai 9992, or by writing a let number, and a written d	ral civil rights law and U.S. Department of Ag is prohibited from discriminating on the basis al orientation), disability, age, or reprisal or re ay be made available in languages other than E	of race, color, national origin, sex (including etaliation for prior civil rights activity. English. Persons with disabilities who require .g., Braille, large print, audiotape, American Sign lministers the program or USDA's TARGET the Federal Relay Service at (800) 877-8339. mplete a Form AD-3027, USDA Program from any USDA office, by calling (866) 632- in the complainant's name, address, telephone in sufficient detail to inform the Assistant

3027 form or letter must be submitted to USDA by:

- Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- **2.** Fax: (833) 256-1665 or (202) 690-7442; or
- 3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.